Los Angeles County EMS Agency

PARAMEDIC/EMT-I CLINICAL EXPERIENCE CE DOCUMENTATION

Name:	Paramedic State License #:	EMT-I Certification #	Employer:
	Paramedic LA Co Accreditation #:		
EMS CE Provider Name:		EMS CE Provider Address:	

Date of Experience:	Time In:	Time Out:	Total Hours:	Location of Experience (Hospital/Area):

This CE experience has been approved for _____ hours of continuing education by California EMS CE Provider #19-_____

Learning Objective--check (√) one or more	Plan for Meeting Objectives	Results of Experience (Completed by PM or EMT)
( ) 1. Perform accurate a patient assessment relative to the chief complaint.	1. Assessment • Assess patients and obtain feedback on accuracy • Relate significance of assessment information to chief complaint • Give a report to MICN/MD based on assessment findings	
( ) 2. Apply knowledge of anatomy and physiology.	2. Anatomy and Physiology • Participate in clinical rounds • Participate in alternative clinical situation within scope of practice (OR, ICU/CCU, Labor/Delivery, etc.) • Relate patient signs/symptoms to pathophysiology	
( ) 3. Identify differences/similarities in treatment and procedures practiced in the prehospital and emergency setting.	3. Similarities/Differences • Participate in emergency department patient care within scope of practice	
( ) 4. Identify the communication patterns and roles/responsibilities of various emergency department personnel.	4. Patterns and Roles/Responsibilities • Observe roles/responsibilities of emergency department personnel • Observe communication patterns within the emergency department and on radio	
( ) 5. Practice positive communication with hospital personnel and promote teamwork	5. Communication • Participate in patient care and give a report to emergency department personnel • Develop rapport with emergency department personnel	

Learning Objectives	Plan for Meeting Objectives	Results of Experience (Completed by PM or EMT)
( ) 6. Assess pediatric patients including and identifying differences in developmental stage: a. neonate d. pre-school b. infant e. school-aged c. toddler f. adolescent	6. Pediatric Assessment • Participate in pediatric clinical rounds • Assess pediatric patients of various ages and relate significant information • Participate in pediatric patient care to include basic and advanced life support skills	
( ) 7. Improve ability to perform advanced and basic life support skills within the learners scope of practice	7. Skills (see below)	
( ) 8. Other (specify)	8. (Specify)	

Skills Accomplished--check (√) all skills performed	General Instructions
ALS Skills ( ) Cardioversion/Defibrillation ( ) EKG Interpretation ( ) ET/ETC ( ) IV Therapy ( ) Medication Administration(type)_____ ( ) Venipuncture BLS Skills ( ) CPR ( ) Oxygen Administration (type)_____ ( ) Splinting/Bandaging ( ) Suctioning ( ) Medication Administration within BLS scope of practice ( ) Vital Signs ( ) _____ ( )	1. Prediscussion is mandatory to define objectives and ensure a structured clinical experience. 2. Prediscussion must be held with the program director or clinical director. 3. Clinical time less than one (1) hour will not be approved. 4. Clinical time greater than one (1) hour will be granted in no less than ½ hour increments. 5. The Paramedic/EMT-I must complete the "Results of Experience" section to demonstrate successful achievement of the objective. This section must be filled out in order to receive CE credit 6. Signature of clinical nurse/physician must be obtained at the time of the experience.

Paramedic/EMT-I Signature:	Date:	**Clinical Nurse/Physician** **Print Name:**_____ **Signature:**	**Date:**
CLINICAL EXPERIENCE REVIEWED AND APPROVED BY Program Director or Clinical Director **Print Name:**_____ **Signature:**	Date:	***Objectives presented may be used. However, it is highly suggested that additional objectives are developed between the paramedic/EMT-I and the program/clinical director to address specific needs of the learner.***	

- ***This document must be retained for a period of four (4) years***
- Credit will be denied if signatures are omitted